
JOURNAL REVIEWS

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1. Scientific Literature & Gospel Truth

Sohan Singh Hayreh, Indian journal of Ophthalmology, June 2000; Vol 48, No 2:93-99.

This appears as a special article and is an eye-opener. It must be read by all researchers, academicians as well as clinicians.

The article beautifully bring out occasionally, not necessarily intentionally, research papers get "cooked". Such research studies may be based on dearly cherished notions(dreams) or may be an attempt to justify scientifically irrational treatment modalities or may wrongly interpret the natural history of a disease as a beneficial effect of treatment under evaluation or may result from statistical fallacies etc etc. All these may lead to misleading and even dangerous conclusions and recommendations. The article stresses on the principle that research should be oriented towards finding out facts and realities, rather than propagating notions, beliefs or techniques/products of doubtful value. Many myths over a period of time automatically become "established facts" and attempt to weed them out is met with severe resistance.

The author recommends that research study must be carried out with open minds, without preset target results and preparedness to accept negative result (which may be as important as a positive result); vested interest and financial support by manufacturing company must not affect the outcome of the study.

As a reader, (the author advises), a Scientist or a Physician should always be skeptical about the information in scientific literature, particularly about the claims of dramatic breakthrough. He/she should be aware of pseudoscientists and remember that "if it sounds too good to be true, it probably is not true."The author suggests several means and precautions to be observed while reading scientific articles before accepting them as genuine and valid. The article ends with an appeal to the human being within the doctor/researcher (a very basic and simple expectation which is often forgotten) to treat each patient not as a "case" or a "scientific problem/challenge" or an "opportunity for income" but as a person whose well being is our primary concern. The article reflects the author's command not only over science and research but also over the English Language and Literature, and his humanitarian attitude.

2.Towards Achieving Small-Incision Cataract surgery 99.8% of the Time.

Ravi Thomas, MD; Thomas Kuriakose, DNB; Ronnie George, DO. Indian Journal of Ophthal, June 2000: Vol 48, No 2:145-151

This article with a very catchy title appears in the "Ophthalmology Practice" section.

To begin with the authors briefly discuss the modern methods of "stitchless" cataract surgery i.e. phakoemulsification and manual small incision surgery, their merits and demerits and the practical difficulties in reaching a level of "100 % phaco".

This is followed by a step by step approach to achieve a small incision cataract surgery most of the time (99.8%) without a bias towards "phaco" or "Blumenthal" The authors have superbly explained why a particular step should precede some other step; in fact they have laid out a logical sequence of steps in small incision surgery. Rather than going into the depths and details of each individual step, the authors have concentrated on the philosophy and logistics of the entire operation.

The complications peculiar to the small incision cataract surgery and conversion to standard extracapsular surgery ("bailing out") have been briefly discussed. The tricky situation of a posterior capsular rent or a vitreous loss in presence of the anterior chamber maintainer is highlighted.

The article ends with brief mention about the variations and modifications in the techniques. Most importantly, the article mentions that the difference in the "induced" astigmatism between 3.2mm incision and 5.5mm incision is only 0.3 to 0.4 diopter cylinder, a heartening piece of information for many of us, especially beginners and non-phaco surgeons.

It is worthwhile keeping a copy of this article in the operation-theatre for ready reference.